

HEALTH CARE SURVEY
FOR
PRINCE EDWARD ISLAND
FINAL REPORT

Baseline

Market Research Ltd.

HEALTH CARE SURVEY
FOR
PRINCE EDWARD ISLAND

FINAL REPORT

PREPARED FOR:
PRINCE EDWARD ISLAND
ADVISORY COUNCIL ON THE STATUS OF WOMEN
CHARLOTTETOWN, P.E.I.

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Prince Edward Island
Advisory Council on the Status of Women

Box 2000, Charlottetown
Prince Edward Island

PRESS RELEASE

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Council Releases Health Care Survey

In determining the best first step to take in developing awareness among women on health issues, the Council decided to collect some general information on health care.

The Health Care Survey results are being made public today to inform Islanders of the results which outline perceptions about health care and services. We expect and encourage members of the public to express their opinions on the data collected.

As the Council develops a plan of action on health care and determines the parameters for our involvement, we encourage members of the public to provide feedback on the survey results and any other health care issue not covered in this report.

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Contact: P.E.I. Advisory Council
on the Status of Women
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1.0 INTRODUCTION

In May 1988, Baseline Market Research, Ltd. (Baseline) was commissioned by the Prince Edward Island Advisory Council on the Status of Women to conduct a survey of public opinion. This survey was designed to address a variety of issues related to health and social services.

This report provides a summary of the research effort, beginning with a presentation of the research objectives followed by a discussion of methodology with a comparison of the sample demographics to the overall population. This is followed by a detailed presentation of the research findings and a summary of conclusions.

2.0 RESEARCH OBJECTIVES

This study was designed to develop the following information:

- 1) to provide a general assessment of the perceptions of the quality of health services provided on Prince Edward Island and determine if perceptions are related to where one lives, to personal health status, to health consciousness, or to demographic characteristics. This study was also designed to determine if certain needs exist for additional health or social services;

- 2) to determine the attitudes of Prince Edward Island residents toward the provision of health care services and to evaluate the level of support for methods of health issues such as preventative care, alternative services and a regional system of health care; and
- 3) to quantify the opinions of Islander's with regard to current health and social issues such as abortion, AIDS, family planning and family violence.

3.0 METHODOLOGY

3.1 RESEARCH APPROACH

In order to accomplish these research objectives Baseline conducted a telephone survey of 500 households on Prince Edward Island. This survey was conducted between May 29 and June 5, 1988.

Each household was selected through the use of a proportionally allocated selection procedure combined with a random-digit dialing technique. This assures access to all Island households with telephones, including listed and unlisted numbers. Once a household was selected a second stage selection procedure determined whom should be interviewed in that household. This two stage procedure consistently produces samples which provide a solid basis for making inferences to

overall populations.

In the general sense, a sample size of 500 produces survey estimates which can average in accuracy between $\pm 3\%$ and $\pm 4\%$, depending on the response rate to each question, 19 out of 20 times.

The questionnaire used for this survey was designed by Baseline's staff and is included in Appendix A. All interviews were conducted from Baseline's central interviewing facility located in Fredericton, N.B.

The following number of contacts were made in order to complete the 500 telephone interviews:

TOTAL ELIGIBLE CONTACTS	720
REFUSALS	<u>220</u>
COMPLETED INTERVIEWS	500
RESPONSE RATE (500/720)	69%

This represents an above average response rate for province-wide telephone surveys.

Upon completion of the interviews, the questionnaires were coded and computerized and the

data analyzed by Baseline staff. Data will be maintained on file for a period of 13 months.

3.2 SAMPLE DESCRIPTION

Comparing the sample selected for this research study to the general population of Prince Edward Island is necessary to ensure that the sample accurately represents the general population. The basic premise of sampling is to allow the extrapolation of results from a small group of people to the overall population. The following tables present the demographic characteristics of the sample and comparable population figures - any observations concerning variability will be noted.

Table 1 compares the sample to the population in terms of geographic location, both by county and by urban/rural groupings.

TABLE 1
GEOGRAPHIC LOCATION

<u>GEOGRAPHIC LOCATION</u>	<u>SAMPLE</u>	<u>POPULATION*</u>
QUEENS COUNTY	51%	51%
PRINCE COUNTY	37%	34%
KINGS COUNTY	12%	15%

<u>URBAN/RURAL DISTRIBUTION</u>	<u>SAMPLE</u>	<u>POPULATION</u>
URBAN (CHAR'TOWN/SUMMERSIDE)	58%	55%
RURAL (ALL OTHER LOCATIONS)	42%	45%

* Source - Statistics Canada 1986 Census 94-103

The sample was selected on the basis of county and accurately reflects the proportion of the population living in each county. Charlottetown and Summerside comprise the only urban sector of Prince Edward Island. This sample also reflects the proportion of rural and urban residents on P.E.I.

TABLE 2
HOUSEHOLD INCOME

<u>HOUSEHOLD INCOME</u>	<u>SAMPLE</u>	<u>POPULATION</u>
UNDER \$10 000	10%	16%
\$10 000 TO \$15 000	14%	14%
\$15 000 TO \$20 000	18%	12%
\$20 000 TO \$25 000	14%	12%
\$25 000 TO \$30 000	12%	10%
MORE THAN \$30 000	32%	36%

In terms of income there appears to be a slight

under-representation of both the upper and lower income categories with a corresponding over-representation in the mid-income levels. These differences are not statistically significant and are common occurrences in survey research.

TABLE 3
AGE CATEGORY OF RESPONDENTS

<u>AGE CATEGORY</u>	<u>SAMPLE</u>	<u>POPULATION</u>
UNDER 25 YEARS	12%	17%
25 To 34 YEARS	25%	22%
35 to 44 YEARS	21%	19%
45 to 54 YEARS	14%	13%
55 to 64 YEARS	12%	11%
OVER 65 YEARS	16%	18%

Table 3 indicates that the sample represents the population in terms of age.

TABLE 4
HIGHEST LEVEL OF EDUCATION RECEIVED

<u>LEVEL OF EDUCATION</u>	<u>SAMPLE</u>	<u>POPULATION</u>
LESS THAN HIGH SCHOOL	36%	51%
HIGH SCHOOL GRADUATE	20%	8%
SOME POST-SECONDARY SCHOOL	33%	34%
UNIVERSITY DEGREE OR MORE	11%	7%

There appears to be some variance between the sample and the population in terms of education. A higher than average proportion of respondents completed high school.

These differences require consideration during analysis of the research information.

TABLE 5
TOTAL HOUSEHOLD SIZE

<u>HOUSEHOLD SIZE</u>	<u>SAMPLE</u>	<u>POPULATION</u>
ONE	16%	18%
TWO	28%	27%
THREE	21%	18%
FOUR OR MORE	35%	37%

The sample accurately reflects the population in terms of total household size.

TABLE 6
SEX OF RESPONDENT

<u>SEX OF RESPONDENT</u>	<u>SAMPLE</u>	<u>POPULATION</u>
FEMALE	56%	52%
MALE	44%	48%

While there is a difference in proportions between the sample and the population, these differences are not statistically significant.

TABLE 7
RELIGIOUS FAITH

<u>RELIGIOUS FAITH</u>	<u>SAMPLE</u>	<u>POPULATION</u>
PROTESTANT	42%	49%
CATHOLIC	52%	47%
NO RELIGIOUS FAITH	3%	3%
OTHER FAITH	3%	1%

TABLE 8
MARITAL STATUS

<u>MARITAL STATUS</u>	<u>SAMPLE</u>	<u>POPULATION</u>
MARRIED (INCL. SEPARATED)	65%	61%
SINGLE	20%	30%
WIDOWED/DIVORCED	15%	9%

Most of the people who participated in this survey were married; however, there is also a good representation of single and previously married people, (widowed and divorced). This pattern is relatively similar to the overall population.

Based on the information available in the preceeding tables, we suggest that the sample accurately reflects the population of Prince Edward Island.

The following statistics summarize other characteristics of the sample. They were not used as a test for "representativeness" but do provide an overview of the people who participated in this study.

TABLE 9
MOBILITY: YEARS LIVED ON P.E.I.

<u>YEARS LIVED ON P.E.I.</u>	<u>SAMPLE</u>
Less Than Ten Years	10%
Eleven to Nineteen Years	9%
Twenty to Thirty Years	23%
More Than Thirty Years	58%

The concept of mobility is measured, in this case, by the number of years the respondent has lived on Prince Edward Island. The majority have lived on the Island for more than 30 years. Eighty percent have lived on the Island more than 20 years. This suggests that P.E.I. consists of a population exhibiting little inter-provincial mobility.

TABLE 10
EMPLOYMENT STATUS: MALE & FEMALE

<u>EMPLOYMENT STATUS</u>	<u>SAMPLE</u>
<u>MALE HEAD OF HOUSEHOLD:</u>	
EMPLOYED: FULL-TIME	48%
PART-TIME	8%
SELF-EMPLOYED	18%
UNEMPLOYED	4%
RETIRED/DISABLED	20%
STUDENT	1%
<u>FEMALE HEAD OF HOUSEHOLD:</u>	
EMPLOYED: FULL-TIME	30%
PART-TIME	17%
SELF-EMPLOYED	3%
UNEMPLOYED	13%
RETIRED/DISABLED	16%
HOUSEWIFE	21%

While the majority of men are employed full-time, one-fifth are retired or disabled (no longer in the work force). One-third of all women indicate they are employed full-time. Twenty-one percent describe themselves as housewives.

4.0 RESEARCH FINDINGS

This section of the report summarizes the findings from this research. Initially, an evaluation of the perceived quality of health services on P.E.I. and attitudes toward the provision of health care are presented. The opinions of Islander's regarding health and social issues of current concern are also presented.

4.1 PERSONAL HEALTH ISSUES

Reviewing the personal health status and level of health consciousness serves two purposes. First, it provides a benchmark to determine the level of concern one might have for the health care system in relation to need. As well, it provides an assessment of individual concern for personal health and suggests the priority health plays in one's life.

In this survey respondents were first asked to describe the current state of their health, compared to other people their age. The following table summarizes Islanders' rating of their health status.

TABLE 11
ASSESSMENT OF PERSONAL HEALTH STATUS
COMPARED TO PEERS

<u>PERSONAL HEALTH STATUS</u>	<u>PERCENT OF TOTAL</u>
EXCELLENT	29%
GOOD	55%
ONLY FAIR	16%

A study conducted by the P.E.I. Dept. of Health & Social Services in June, 1985 found that only 18% believed their health to be "excellent" compared to others their age. An additional rating, "very good", not provided in this particular survey, received the greatest percentage of responses (44%) in 1985.

Although most respondents perceive their health to be "good" when compared to others their age, it is interesting to review this in the context of demographic variables. Analysis revealed that age, education and income were factors which significantly affect personal health ratings. The

following table summarizes the nature of the relationship observed.

TABLE 12
PERSONAL HEALTH STATUS BY AGE CATEGORY

<u>STATE</u> <u>OF HEALTH</u>	<u>AGE CATEGORY</u>					
	<u>UNDER</u> <u>25 YRS</u>	<u>25 -</u> <u>34 YRS</u>	<u>35 -</u> <u>44YRS</u>	<u>45 -</u> <u>54 YRS</u>	<u>55 -</u> <u>64 YRS</u>	<u>65 &</u> <u>OVER</u>
EXCELLENT	23%	37%	37%	30%	18%	16%
GOOD	66%	61%	52%	54%	50%	45%
ONLY FAIR	11%	2%	11%	16%	32%	39%

The assessment of personal health is more likely to be "good" or "only fair" as age increases. Those over 55 years of age are far less likely than those under 55 to describe the state of their health as being "excellent".

Interestingly, those under 25 years of age are most likely to rate their health as "good", but not as "excellent".

TABLE 13
PERSONAL HEALTH STATUS BY EDUCATION LEVEL

<u>HEALTH</u> <u>STATUS</u>	<u>LESS THAN</u> <u>HIGH SCHOOL</u>	<u>HIGH SCH.</u> <u>GRADUATE</u>	<u>SOME POST</u> <u>SECONDARY</u>	<u>UNIV.</u> <u>DEGREE+</u>
EXCELLENT	18%	31%	33%	40%
GOOD	51%	57%	62%	51%
ONLY FAIR	31%	12%	5%	9%

The description of personal health status is most

positive for those with higher levels of education. Those respondents with less than high school education are far more likely than others to see their health as being "only fair".

TABLE 14
PERSONAL HEALTH STATUS BY INCOME LEVEL

<u>HEALTH STATUS</u>	<u>UNDER \$15,000</u>	<u>\$15 - \$19,999</u>	<u>\$20 - \$24,999</u>	<u>\$25 - \$29,999</u>	<u>\$30,000 & OVER</u>
EXCELLENT	17%	25%	29%	21%	42%
GOOD	52%	59%	53%	67%	54%
ONLY FAIR	31%	16%	18%	12%	4%

People with income of \$30,000 or more rate their personal health as "excellent" more often than those in other income categories. Those with less than \$15,000 income are more likely to rate their health as "only fair".

Younger, more educated people with higher incomes are most likely to rate their health status as "excellent". As one might expect, older people, with less than high school education and less than \$15,000 income are less positive about their current health status and rate it as "only fair" more often than do others.

Similar findings were reported in "The Active

Health Report - 1985" published by Health and Welfare Canada. This report documents the significance of a person's social and economic environment on health. They found that people who rated their health as being "only fair" or "poor" had lower incomes, less education and a higher rate of unemployment.

The amount of time one spends thinking about health often reflects the role health plays in a persons day-to-day life. The following table summarizes the amount of time Islands' spend thinking about personal health.

TABLE 15
FREQUENCY OF THINKING ABOUT
PERSONAL HEALTH

<u>FREQUENCY OF</u> <u>THINKING ABOUT HEALTH</u>	<u>PERCENT OF TOTAL</u>
VERY OFTEN	20%
OFTEN	38%
NOW AND THEN	33%
RARELY/NEVER	9%

Although there are no statistics available for comparison, it would seem that health is an issue of personal concern for a number of Islanders'. Table 15 indicates that 58% of all respondents think about their health frequently (often or very

often). No significant differences were found within demographic subgroups.

As one might expect, the amount of time spent thinking about health is related to how one rates their current health status. The following table summarizes the relationship between these two variables.

TABLE 16
CURRENT HEALTH STATUS BY AMOUNT OF TIME
THINKING ABOUT PERSONAL HEALTH

<u>THINK</u> <u>ABOUT HEALTH</u>	<u>CURRENT HEALTH STATUS</u>		
	<u>EXCELLENT</u>	<u>GOOD</u>	<u>ONLY FAIR</u>
VERY OFTEN	23%	14%	33%
OFTEN	41%	37%	34%
NOW AND THEN	22%	41%	29%
RARELY/NEVER	14%	8%	4%

It is interesting to note that among those who consider their health to be "excellent", 64% think about personal health "often" or "very often". Those who consider their health to be only "good" are more likely to think about their health "only now and then". Those who think their health is "only fair" do tend to spend more time thinking about their health. It may be that the amount of time one spends thinking about their personal health is either as a result of ill health or the

result of a conscious effort to remain healthy.

To further evaluate the health status of Island residents and review the health care requirement for doctors and specialists, each respondent was asked to indicate the total number of visits they had made to a doctor or other health care person in the past twelve months. Respondents were also asked if they had been referred to, or had seen, a medical specialist during this same period. The following table summarizes the frequency of visits to medical doctors or other health care persons during the past year.

TABLE 17
VISITS TO DOCTOR OR HEALTH CARE PERSON
PAST TWELVE MONTHS

<u>NUMBER OF VISITS</u>	<u>PERCENT</u>
ONE	26%
TWO	18%
THREE TO FIVE	21%
SIX TO TEN	11%
MORE THAN TEN	12%
NO MEDICAL VISITS	12%
	<u>100%</u>

Approximately 60% of all respondents indicated they had visited a doctor or other health care person two or more times during the past year. The average number of visits per adult was 4.2.

Thirty-one percent of all respondents were also referred to a specialist for a medical problem during the past twelve months. Of those referred to a specialist, ninety-seven percent kept an appointment with the specialist or are presently waiting for their appointment.

According to the "Thirteenth Annual Statistical Review - 1986" for the Province of Prince Edward Island, there were 196 practicing physicians. If we assume that 60% of all people on the Island, over the age of 19 (1986 population is 87,200), visit a doctor about 4 times per year, there would be an average of 226 adult patients per physician and approximately 1,067 patient visits per physician.

Personal health appears to be an issue of concern for most Island residents. While the majority see themselves as being in "good" health, only 29% rate their health as "excellent". The findings of this research indicate that older people are more likely than younger people to rate their health as "only fair", as do those with lower levels of education and income. This is consistent with

findings from other health surveys conducted on the Island. People often think about their health and this relates to how they rate their health. Three-quarters of Island residents made at least two visits to a health care professional during the previous year and 31% were referred to medical specialists for specific health problems during this same period.

In the next section of this report, consumers' views on the quality of health care services on Prince Edward Island are summarized.

4.2 QUALITY OF HEALTH SERVICES IN P.E.I.

In this study respondents were asked to rate the quality of health care services available on Prince Edward Island and in their local communities. Services needed to improve the quality of health care on the Island were identified.

Table 18 summarizes Islanders' ratings of the overall quality of health issues.

TABLE 18
OVERALL QUALITY OF HEALTH CARE SERVICES
ON PRINCE EDWARD ISLAND

<u>RATING OF QUALITY</u>	<u>PERCENT OF TOTAL</u>
EXCELLENT	23%
GOOD	61%
ONLY FAIR	16%

The following table presents the quality ratings of health care services by county and urban/rural location.

TABLE 19
QUALITY OF HEALTH CARE SERVICE
BY COUNTY

<u>QUALITY RATING</u> <u>OF HEALTH CARE</u>	<u>PRINCE</u> <u>COUNTY</u>	<u>QUEENS</u> <u>COUNTY</u>	<u>KINGS</u> <u>COUNTY</u>
EXCELLENT	21%	19%	12%
GOOD	61%	65%	63%
ONLY FAIR	18%	16%	25%

TABLE 19A
QUALITY OF HEALTH CARE SERVICE
BY RURAL - URBAN AREAS

<u>QUALITY RATING</u> <u>OF HEALTH CARE</u>	<u>URBAN</u> <u>AREA</u>	<u>RURAL</u> <u>AREA</u>
EXCELLENT	20%	17%
GOOD	62%	64%
ONLY FAIR	18%	19%

Although there is no statistically significant relationship between the quality of health care services and geographic location, it is perhaps important to note that respondents living in Kings

County are more likely to rate local health care services as "only fair".

When asked how the system could be improved, 74% did not suggest any changes. Of those who indicated there was a need in their community, the following services were mentioned most often:

Doctors and facilities required for Catscan (17 mentions).

Mental health doctors, counsellors and facilities (16 mentions).

Cardiac services - facilities and physicians (12 mentions).

Other specialists (12 mentions).

Survey respondents were asked their opinion about the need for respite or relief care services in their community. This service was explained to respondents as one which could give those responsible for the care of an elderly or disabled person some time off from that work. Seventy-four (74%) of those who expressed an opinion, suggested that their community has a need for this type of service. In analyzing the need, urban/rural location, education and the number of years lived on the Island were identified as being significant

factors. These relationships are summarized in the following tables:

TABLE 20
NEED FOR RELIEF/RESPITE CARE
BY LOCATION

<u>LOCATION</u>	<u>NEED FOR RESPITE CARE</u>	
	<u>YES</u>	<u>NO</u>
URBAN PEI	82%	18%
RURAL PEI	65%	35%

TABLE 21
NEED FOR RESPITE/RELIEF CARE
BY LEVEL OF EDUCATION

<u>LEVEL OF EDUCATION</u>	<u>NEED FOR RESPITE CARE</u>	
	<u>YES</u>	<u>NO</u>
LESS THAN HIGH SCHOOL	65%	35%
HIGH SCHOOL GRADUATE	68%	32%
SOME POST-SECONDARY	85%	15%
UNIVERSITY DEGREE	85%	15%

The demand for a service such as relief/respice care in Prince Edward Island is greatest among those with higher levels of education, perhaps as much a function of their awareness as of their education level.

The length of time one has lived on the Island is also related to the perceived need for respice care services. Table 22 reviews the nature of this relationship.

TABLE 22
NEED FOR RELIEF/RESPITE CARE SERVICES
BY YEARS LIVED ON PEI

<u>YEARS ON PEI</u>	<u>NEED FOR RESPITE CARE</u>	
	<u>YES</u>	<u>NO</u>
LESS THAN 10 YEARS	85%	15%
10 To 19 YEARS	86%	14%
20 To 29 YEARS	73%	27%
30 YEARS OR MORE	72%	28%

The longer one has lived on Prince Edward Island, the less likely s/he is to perceive a need for relief or respite care services in their community. In other words, older people are less likely to need this service and, therefore, less likely to be interested.

The quality of health care services on Prince Edward Island is seen by the majority to be "good", but residents of Kings County are somewhat more critical of the health care services offered in their communities. Services suggested to improve the quality of health care on the Island primarily involved additional facilities, equipment and specialists in the fields of cardiology and mental health. The need for relief/respite care services is seen to be greatest by more educated people living in urban areas.

4.3 ATTITUDES TOWARD PROVISIONING OF HEALTH CARE

There were three basic issues explored with regard to health care delivery on the Island: preventative health care, alternative health care services and the regional delivery system. This section reviews the opinions of Island residents on these issues.

In the general area of health care, there seems to be a high interest in preventative health care. This level of interest is summarized in the following table.

TABLE 23
ATTITUDES TOWARD
PREVENTATIVE HEALTH CARE

<u>LEVEL OF INTEREST</u>	<u>PERCENT</u>
VERY INTERESTED	50%
SOMEWHAT INTERESTED	44%
NOT VERY INTERESTED	6%

If one assumed that only those who were "very interested" in preventative health care were willing to change some aspect of their lifestyle in order to lead a healthier life, about one-half of all Island residents may contribute to an overall reduction in the cost of health care.

In many countries, the use of people who are trained as paramedics, midwives or nurse practitioners to provide medical services offers people additional or alternative health care services. Table 24 reviews the opinions of Islanders' regarding the use of such alternative personnel for some medical care delivery.

TABLE 24
USE OF ALTERNATIVE MEDICAL PERSONNEL
FOR THE PROVISION OF SOME
MEDICAL CARE SERVICES

<u>POSITION</u>	<u>PERCENT</u>
FAVOUR USE OF ALTERNATIVE PERSONNEL	75%
OPPOSE USE OF ALTERNATIVE PERSONNEL	21%
DO NOT UNDERSTAND THE ISSUE	4%

Three-quarters of survey respondents suggest they would favour the idea of receiving some of their medical care through the use of alternative medical personnel.

A system of regional hospitals has been developed in a number of provinces, including Prince Edward Island. Although some people think this is the best way to deliver medical care, others suggest it is a very expensive delivery system. In this

survey, 84% of respondents indicate they favour the current system of regional hospitals for the Island. Among those who suggest they would like to see some other approach for providing health care on P.E.I., the following suggestions were given: 1) centralized system (13 mentions); 2) have one large hospital (8 mentions); and 3) local hospital and medical facilities (7 mentions).

On each of these issues, further analysis was performed to determine if there were any relationships between attitudes and demographic characteristics. Each attitude statement was cross-referenced with variables such as location, age, education, income, sex and the length of time one has lived on the Island. There was no statistically significant relationship identified between any of these variables and the issues pertaining to the provision of health care services on the Island.

In general, it would appear that the majority of Island residents support the idea of preventative health care, support the use of alternative medical personnel to provide some health care

services and favour the regional system of hospitals as currently in place on Prince Edward Island.

4.4 HEALTH ISSUES OF CURRENT INTEREST

4.4.1 AIDS

There were four main health topics with social policy ramifications explored in this survey. These topics included AIDS (Acquired Immune Deficiency Syndrome), family planning, abortion services and domestic violence. The impact of these social/health issues on the health care system is direct and measurable.

The nationwide concern for AIDS is well publicized and growing. The recent international conference on AIDS suggested that the impact of this disease on the health care system will continue to increase.

We first looked at the overall level of concern about AIDS among Islanders and then cross-referenced this with a number of variables, such as location, age, education, income, sex and the length of residence.

The only significant relationship which emerged from this analysis involved views on AIDS and the respondent's sex. The nature of the

relationship was somewhat unexpected. Table 25 reviews the level of concern Island residents have expressed about AIDS.

TABLE 25
LEVEL OF CONCERN REGARDING
THE AIDS VIRUS
BY SEX OF RESPONDENT

<u>LEVEL OF CONCERN</u>	<u>TOTAL</u>	<u>FEMALE</u>	<u>MALE</u>
VERY CONCERNED	54%	62%	45%
SOMEWHAT CONCERNED	34%	31%	38%
NOT VERY CONCERNED	12%	7%	17%

There is a significant level of concern about AIDS in the overall population, but level of concern is stronger among females.

Respondents were asked how serious a problem AIDS was for different population groups. Responses are summarized in Table 26.

TABLE 26
SERIOUSNESS OF AIDS
FOR VARIOUS GROUPS OF PEOPLE

<u>VARIOUS GROUPS</u> <u>OF PEOPLE AFFECTED</u>	<u>VERY</u> <u>SERIOUS</u>	<u>SOMEWHAT</u> <u>SERIOUS</u>	<u>NOT VERY</u> <u>SERIOUS</u>
THE COUNTRY AS A WHOLE	77%	19%	4%
HOMOSEXUAL MEN	91%	8%	1%
MEN, IN GENERAL	41%	48%	11%
WOMEN	46%	44%	10%
YOU PERSONALLY	18%	12%	70%
CHILDREN ON PEI	37%	36%	27%

Although 77% believe AIDS is a very serious problem for the country as a whole, only 18% see it as a serious problem for them personally. As one might expect, it is seen as most serious for homosexual men, and somewhat serious for men and women in general. The inability of people on the Island to see AIDS as having a potential impact on them personally is similar to findings in another study on this subject conducted by Baseline. In 1987, 60% of New Brunswicker's were "very concerned" about AIDS, 17% viewed AIDS as a "very serious" problem for them personally, 17% stated that it was "somewhat serious" and 62% believed that it was "not a very serious" problem for them personally.

4.4.2 FAMILY PLANNING

Respondents in this survey were also asked for their views on family planning education. While P.E.I. offers a program of family life education, this survey was designed to explore the public's attitudes concerning family planning education - the provision of information on reproduction and birth control

through the school system. Eighty-seven percent of Islanders favour the provision of family planning information through the school system. People's opinion on this issue did vary within age groups as shown in Table 27.

TABLE 27
ATTITUDES TOWARD FAMILY PLANNING EDUCATION
IN THE SCHOOLS BY AGE CATEGORY

<u>AGE CATEGORY</u>	<u>FAVOUR</u>	<u>OPPOSE</u>
UNDER 25 YEARS	96%	4%
25 to 34 YEARS	95%	5%
35 to 44 YEARS	93%	7%
45 to 54 YEARS	84%	16%
55 to 64 YEARS	82%	18%
65 AND OVER	66%	28%

As age increases so does the opposition to the provision of family planning education in the school system, perhaps reflective of a more traditional view that such information should be handled only in the home. However, even among the oldest age group, only 28% oppose the delivery of family planning education through the Island school system.

Among those who favour family planning education in the schools: 44% believe such education should start at the elementary school .

level; 48% suggest delivery at the junior high level; and 8% believe high school is the most appropriate level to provide this information.

Respondents were also asked to evaluate the quality of family planning information available to those who may need it. Thirty percent of all respondents were unfamiliar with any family planning information. Among those who expressed an opinion, the majority suggested such information was "only fair" (47%) or "good" (46%). Seven percent of those who provided an opinion as to the quality of this information thought it was excellent.

Based on the previous information, the majority of Island residents favour provision of family planning information in the schools and believe that such education should start in the elementary or junior high school levels.

4.4.3 ABORTION

The public's attitudes on the availability of abortion services were also explored in this survey by asking about general attitudes toward

the availability of abortion services, the support or opposition for hospital and clinic services to provide abortions and the use of medicare funding for such procedures. Once again, each issue was cross-referenced with a number of demographic variables to determine any significant relationships. The following analysis presents the overall findings.

This study revealed that the majority of Island residents believe that a woman should be able to have an abortion "in certain circumstances". The views of Islanders are summarized in Table 28.

TABLE 28
ISLANDER'S VIEWS ON ACCESS
TO ABORTION SERVICES

<u>ACCESS</u>	<u>PERCENT</u>
AVAILABLE WITHOUT RESTRICTIONS	25%
AVAILABLE ONLY IN CERTAIN CIRCUMSTANCES	58%
NOT AVAILABLE UNDER ANY CONDITIONS	16%

Surveys and polls taken across Canada reveal somewhat different findings. A national survey

conducted by the Gallup organization found that 69% of respondents agreed that the decision of abortion was best left to the woman and her physician and 51% of those in the Atlantic Region agreed with this statement. Another national poll recently conducted by Angus Reid & Associates found that 39% approved of abortion in certain circumstances, 36% were pro-choice and 23% were pro-life. These surveys would suggest that the attitudes toward abortion, nationally, are more pro-choice than those on the Island and Islanders are more likely to agree with the idea of abortion services only in certain circumstances. This information does suggest that overall opinion on the Island is not adequately reflected by the two forces at either end of this spectrum. While anti-abortion groups may have caused a decrease in the number of procedures performed on the Island, most residents are neither 'pro-choice' or 'right to life' in their views - they recognize that certain situations may require the use of abortion services.

There is a correlation between views on

abortion and religion. This is summarized in Table 29.

TABLE 29
OPINIONS ABOUT ABORTION BY RELIGIOUS FAITH

<u>POSITION ON ABORTION</u>	<u>RELIGIOUS FAITH</u>	
	<u>CATHOLIC</u>	<u>PROTESTANT</u>
AVAILABLE WITHOUT RESTRICTIONS	19%	29%
AVAILABLE ONLY IN CERTAIN CIRCUMSTANCES	56%	64%
NOT AVAILABLE UNDER ANY CONDITIONS	25%	7%

Protestants are more likely to support unrestricted access to abortion services and Catholics are more likely to oppose availability of abortion services.

The availability of abortion services on Prince Edward Island elicited more opposition than did the general issue regarding access to abortion services as demonstrated in the following:

TABLE 30
ISLANDER'S VIEWS ON HOSPITALS PROVIDING
ABORTION SERVICES

<u>POSITION</u>	<u>PERCENT</u>
FAVOUR HOSPITALS PROVIDING ABORTION SERVICES	39%
OPPOSE HOSPITALS PROVIDING ABORTION SERVICES	40%
HOSPITALS SHOULD PROVIDE ABORTIONS ONLY IN CERTAIN CIRCUMSTANCES	20%
NEITHER FAVOUR NOR OPPOSE HOSPITALS PROVIDING ABORTION SERVICES	1%

While people seem to think that women should be able to have access to abortion services, many (40%) would prefer that Island hospitals not provide that service.

Further analysis revealed that a number of variables, the level of education, religion, age and length of residence are significantly related to opinions on availability of abortion services.

The following tables summarize these relationships:

TABLE 31
PROVISION OF ABORTION SERVICES THROUGH HOSPITALS
BY LEVEL OF EDUCATION

<u>HOSPITAL</u> <u>ABORTIONS</u>	<u>LESS THAN</u> <u>HIGH SCH.</u>	<u>HIGH SCHOOL</u> <u>GRADUATE</u>	<u>SOME</u> <u>POST-SEC</u>	<u>UNIV.</u> <u>DEGREE</u>
FAVOUR	28%	39%	39%	62%
OPPOSE	49%	44%	36%	26%
CERTAIN CIRCUM- STANCES ONLY	23%	17%	25%	12%

Those respondents with university education, are most likely to favour the provision of abortions through the hospitals.

TABLE 32
PROVISION OF ABORTION SERVICES
THROUGH HOSPITALS BY RELIGIOUS FAITH

<u>HOSPITAL</u> <u>ABORTION SERVICES</u>	<u>PROTESTANT</u>	<u>CATHOLIC</u>
FAVOUR AVAILABILITY	51%	29%
OPPOSE AVAILABILITY	25%	54%
CERTAIN CIRCUMSTANCES	24%	17%

Catholic's were twice as likely as Protestant's to be totally opposed to the provision of abortion services through Island hospitals.

TABLE 33
PROVISION OF ABORTION SERVICES
THROUGH HOSPITALS
BY LENGTH OF RESIDENCE ON PEI

<u>HOSPITAL</u> <u>ABORTIONS</u>	<u>YEARS LIVED ON PEI</u>			
	<u>1-10</u>	<u>11-19</u>	<u>20-29</u>	<u>30+</u>
FAVOUR	74%	47%	46%	30%
OPPOSE	18%	36%	38%	45%
CERTAIN CIRCUMSTANCES	8%	16%	16%	25%

The longer one has lived on PEI, the more likely they are to oppose the idea of hospital abortions.

Island residents with a university education, who are Protestant, and have lived on the Island less than ten years are most likely to favour the availability of abortion services at hospitals.

The opposition to free standing abortion clinics on PEI was fairly strong among the overall population as shown in Table 34.

TABLE 34
ISLANDER'S VIEWS A FREE STANDING CLINIC
PROVIDING ABORTION SERVICES

<u>POSITION</u>	<u>PERCENT</u>
FAVOUR CLINICS TO PROVIDE ABORTION SERVICES	21%
OPPOSE CLINICS TO PROVIDE ABORTION SERVICES	74%
CLINICS TO PROVIDE ABORTION SERVICES IN CERTAIN CIRCUMSTANCES ONLY	2%
NEITHER FAVOUR NOR OPPOSE FREE STANDING ABORTION CLINICS	3%

Based on the information in Table 34 there is relatively little support for the establishment of a free-standing clinic to provide abortion services on Prince Edward Island. In fact, three-quarters of all people would oppose such a development. The use of the hospitals for abortion services seems to be somewhat more acceptable to residents (see Table 30).

TABLE 35
VIEWS ON FREE-STANDING CLINIC
BY RELIGIOUS FAITH

<u>ESTABLISHMENT OF AN</u> <u>ABORTION CLINIC</u>	<u>RELIGIOUS FAITH</u>	
	<u>PROTESTANT</u>	<u>CATHOLIC</u>
FAVOUR	27%	15%
OPPOSE	65%	81%
NO OPINION	8%	4%

Opposition was strongest among Catholics as shown in Table 35.

As the result of a recent Supreme Court decision concerning abortion, some provincial governments have set policies which have tried to limit or prohibit the use of medicare dollars for abortions. Therefore, the survey solicited respondents views on this topic and Table 36 provides a summary of the responses.

TABLE 36
VIEWS ON THE USE OF MEDICARE
FUNDS FOR ABORTIONS

<u>OPINION ON FUNDING</u>	<u>PERCENT</u>
FAVOUR MEDICARE FUNDING FOR ABORTIONS	25%
OPPOSE MEDICARE FUNDING FOR ABORTIONS	47%
FAVOUR FUNDING FOR ABORTIONS IN CERTAIN CIRCUMSTANCES	27%
NEITHER FAVOUR NOR OPPOSE USE OF MEDICARE FUNDS FOR ABORTIONS	1%

Fifty-two percent of all respondents favour the use of medicare dollars to pay for abortion services. A study conducted among British Columbia voters in April, 1988 found that 74% thought that abortion is a medical procedure and should be paid for by the medicare plan. Further analysis of this issue revealed that education was the one factor which emerged as a statistically significant influence on ideas about funding. Table 37 presents this information.

TABLE 37
USE OF MEDICARE FUNDS FOR ABORTION
BY LEVEL OF EDUCATION

<u>POSITION ON FUNDING</u>	<u>LESS THAN HIGH SCH.</u>	<u>H.S. GRAD</u>	<u>SOME POST SECONDARY</u>	<u>UNIV. DEGREE</u>
FAVOUR MEDICARE FUNDING FOR ABORTIONS	17%	29%	17%	44%
OPPOSE MEDICARE FUNDING FOR ABORTIONS	56%	44%	48%	35%
FAVOUR FUNDING FOR ABORTIONS IN CERTAIN CIRCUMSTANCES ONLY	27%	27%	35%	21%

Those with a university degree are most likely to support the use of medicare funds to pay for abortion services. Opposition is greatest among those with less than a high school education.

To summarize the research findings related to the availability of abortion services, the following observations are made. There is an overall acceptance of the concept of availability of abortion services, particularly given certain circumstances or situations. However, there is some reluctance to support the availability of abortion services on the Island. Opposition to the establishment of a

free-standing abortion clinic, even among those who favour unlimited access to abortion services is significant. The use of medicare dollars to fund abortion procedures is favoured by 52% of the population.

4.4.4 DOMESTIC VIOLENCE

This study also measured the perceived seriousness of the problem of domestic violence on Prince Edward Island. Respondents views are summarized in Table 38.

TABLE 38
PERCEIVED SERIOUSNESS OF
FAMILY VIOLENCE ON PEI

<u>PERCEPTIONS</u>	<u>PERCENT OF TOTAL</u>
VERY SERIOUS PROBLEM	48%
SOMEWHAT SERIOUS PROBLEM	40%
NOT VERY SERIOUS PROBLEM	12%

Eighty-eight percent of Islander's believe that family violence or wife abuse is a "somewhat" or "very serious" problem on PEI. These views are related to the education level and sex of respondent. Table 39 and Table 40 show these relationships.

TABLE 39
SERIOUSNESS OF FAMILY VIOLENCE
BY LEVEL OF EDUCATION

<u>SERIOUSNESS OF FAMILY VIOLENCE</u>	<u>LESS THAN HIGH SCH.</u>	<u>LEVEL OF EDUCATION</u>		<u>UNIV. DEGREE</u>
		<u>HIGH SCH. GRADUATE</u>	<u>SOME POST SECOND.</u>	
VERY SERIOUS	50%	33%	47%	58%
SOMEWHAT SERIOUS	29%	52%	47%	37%
NOT VERY SERIOUS	21%	15%	6%	5%

The perceived seriousness of domestic violence is greatest among those with higher levels of education.

TABLE 40
SERIOUSNESS OF FAMILY VIOLENCE
BY SEX OF RESPONDENT

<u>LEVEL OF SERIOUSNESS</u>	<u>FEMALE</u>	<u>MALE</u>
VERY SERIOUS	54%	41%
SOMEWHAT SERIOUS	39%	41%
NOT VERY SERIOUS	7%	18%

Not surprisingly, women are more likely to see domestic violence as a serious problem than are men.

Seventy-five percent of all respondents suggested that there is a need for more services to help the victims of domestic or family violence.

One-third of all respondents have personally known someone involved in a situation of domestic violence. This would suggest that the problems of family or domestic violence have a significant impact on the Island.

5.0 RESEARCH SUMMARY AND CONCLUSIONS

The majority of Island residents (55%) perceive their health to be "good" when compared to others their age. The perception of personal health status was significantly related to one's age, income and level of education. Older, less educated people with lower levels of income are more likely to rate their health "only fair".

Sixty percent of Island residents have made at least two visits to a doctor during the previous twelve months and thirty-one percent also visited a medical specialist during this same period.

The overall quality of health care services available on Prince Edward Island is rated "good". The quality of health care service provided at the local level was also perceived by the majority as being "good".

In terms of services required to improve the quality of health care on the Island, only 26% made reference to any specific service. Among those services which received the most mentions were the need for specialized equipment and doctors in the area of cardiac, catscan and mental health.

The need for respite care services was supported by 74% of respondents. The greatest demand for this type of service is in urban areas, among those with a higher level of education and who have lived on the Island fewer number of years.

The majority of Islanders' support the idea of preventative health care and the use of alternative medical personnel (such as midwives, paramedics and nurse practitioners) in medical care delivery. The regional system of hospitals currently in place on the Island, is also supported by the majority.

While the majority of people on Prince Edward Island are concerned about AIDS, they do not see it as having any personal impact. Eighty-eight percent are very or somewhat concerned about AIDS; however, only 30% consider it to be a "very" or "somewhat" serious issue for them personally. Women are more concerned about AIDS than men.

Family planning education in the school systems was favoured by eighty-eight percent of people. Age was a factor which influenced opinion in this regard. Those respondents who were older, primarily those over 65,

were far more likely to oppose such information being presented in school. The level of schooling at which family planning education should be provided is Junior High School.

Many Island residents approve of the availability of abortion services, especially in certain circumstances, and the majority recognize the need for such services in Island hospitals. There is strong opposition to free standing abortion clinics, even among those who support unrestricted access. Religion is significant in determining opinion on abortion services. Catholic's are twice as likely to oppose the availability of abortion services totally, than are Protestants. Those residents of PEI who have a university education, have lived on the Island less than ten years and are Protestant are most in favour of the hospitals providing abortion services. The use of medicare funds to pay for abortion procedures is supported by 52% of respondents. Those with a university degree are most likely to support the use of government money, by way of medicare, for the purpose of abortion.

Family violence or "wife abuse" is seen by most to be

a "very" or "somewhat" serious problem. Females are more likely than males to see it as being more serious, as are those with a higher level of education. The majority of Islander's believe there is a need for more services to help the victims of family or domestic violence. About one-third indicated they were aware of a situation which involved family violence at some time during the past five years.

APPENDIX A

RESP (1-3) _____

TELE (4-6) _____

Before we begin this survey, I want you to know that all your answers are confidential...we don't know your name and we won't ask for it. However, it is very important to us that you think about each question asked and try to answer as honestly as possible. If you don't want to answer a question...just say so and I'll move on to the next one....

We want to begin this study with some general questions about health issues...

Q.1 How would you describe the state of your health? Compared to other people your age would you say that your health is.....

excellent.....(7).....1
good.....2
only fair.....3
or poor.....4
DK.....7
REF/NA.....9

Q.2 Some people think about their health a great deal while others seem to take it for granted and don't think about it very much. How about you...would you say that you think about your health very often, often, now and then, rarely or never?

VERY OFTEN.....(8).....1
OFTEN.....2
NOW AND THEN.....3
RARELY.....4
NEVER.....5
DK.....7
REF/NA.....9

Q.3 How would you rate the overall quality of services provided through the health care system on Prince Edward Island...based on your experiences, are health care services in this province....

excellent.....(9).....1
good.....2
only fair.....3
or poor.....4
DK.....7
REF/NA.....9

Q.4 We'd like to get your views on the quality of services provided through the health care system in your city or town...based on your experiences are health care services in your area...

excellent.....(10).....1
good.....2
only fair.....3
or poor.....4
DK.....7
REF/NA.....9

Q.5 Are there any health services, either medical or mental health services, needed by people in your community that are not available today? (IF YES: What is/are these?)

_____(11-12)_____

NONE MENTIONED.....95
DK.....97
REF.....98
NA.....99

Q.6 In the past twelve months, how many times have you seen a doctor or some other health care person for a medical problem?

ENTER NUMBER.....(13-14) _____

DK.....97

REF/NA.....99

Q.7 In the past twelve months have you ever been referred to any type of specialist for a medical problem...that is, have you ever been referred to someone other than the health care provider you would usually see?

NO.....(15).....2 | GO TO

DK.....7 Q.8

REF/NA.....9

YES.....1

Q.7A Did you actually go to that specialist...IF NO ASK - Why not?

NO BECAUSE: _____

_____(16-17) _____

YES:FOLLOWED UP.....95

DK/REF/N.A.....99

NOT APPRO.....00

Now, we would like to turn to questions that are more related to health care attitudes than to health care services.

Q.8 In the general area of health care there seems to be increasing concern with helping people prevent illness...helping people to live a healthier life...this is often referred to as preventative health care. What are your views on this...are you very interested...somewhat interested or not very interested in the idea of preventative health care?

VERY INTERESTED.....	(18)....1
SOMEWHAT INTERESTED.....	2
NOT VERY INTERESTED.....	3
DK.....	7
REFUSED/N.A.....	9

Q.9 How concerned are you about AIDS, Acquired Immune Deficiency Syndrome? Would you say that you are

very concerned....	(19).....1
somewhat concerned.....	2
not very concerned.....	3
or not at all concerned.....	4
DK.....	7
REF/NA/.....	9

Q.10 How serious a problem do you think AIDS is for (READ EACH GROUP IN THE FOLLOWING LIST)...very serious...somewhat serious...or not very serious?

		VERY SER	SOMEWHAT SER	NOT SER	DK	REF/NA
the country as a whole?	(20)	1	2	3	7	9
homosexual men	(21)	1	2	3	7	9
men, in general	(22)	1	2	3	7	9
women	(23)	1	2	3	7	9
you personally	(24)	1	2	3	7	9
children on PEI	(25)	1	2	3	7	9

Turning to another topic.....

Q.11 In many countries people are trained as paramedics, midwives or nurse practitioners to provide medical services...they offer an additional or alternative service to the care provided by physicians. What do you think of this type of medical care...would you favour or oppose the idea of receiving some of your medical care through the use of paramedics, midwives or nurse practitioners?

FAVOUR.....(26)..1
 OPPOSE.....2
 DON'T UNDERSTAND THE ISSUE....3
 DK.....7
 REF.....8
 NA.....9

Q.12 In many provinces, including PEI, a system of regional hospitals has been developed. PEI, for instance, has seven regional hospitals. Some people think that this is the best way to deliver medical care but others think that the regional hospital system is too expensive for PEI...what are your views...do you think regional hospitals are the best way to provide medical services or would you like to see some other type of approach for providing health care on PEI?

IF WANT A CHANGE (What would you like to see?)

(27-28)

FAVOUR CURRENT SYSTEM.....95
 DON'T UNDERSTAND THE ISSUE...96
 DK.....97
 REF/NA.....99

Now we'd like to ask about programs related to education...

Q.13 Some suggest that schools should provide family planning education, that is, provide information on reproduction and birth control, while others suggest family planning education doesn't belong in the schools. What's your view on this...do you favour or oppose providing family planning education through the school system?

FAVOUR.....(29).....1
 OPPOSE.....2
 DON'T UNDERSTAND THE ISSUE.....3
 DK.....7
 REF.....8
 NA.....9

Q.13A If family planning education were to be provided in the schools, where should it begin...(READ ALL CHOICES)

in the elementary schools...(30)...1
in junior high school.....2
in high school.....3
DK.....7
REF/NA.....9

Q.14 In general, would you say that the information available on family planning for those who may need it, is excellent...good...only fair or poor?

EXCELLENT.....(31)...1
GOOD.....2
ONLY FAIR.....3
POOR.....4
DK.....7
REF/NA.....9

Q.15 Turning to another issue....there are many different views on abortion and we'd like to get your opinion....do you think that women....should be able to choose to have an abortion, should women be able to have an abortion in only certain circumstances, or should women be prohibited from having an abortion?

SHOULD BE ABLE.....(32)..1
SHOULD BE IN CERTAIN.....2
SHOULD BE PROHIBITED.....3
NEITHER FAVOUR NOR OPPOSE.....4
DK.....7
REF.....8
NA.....9

Q.16A How about abortion services on PEI, do you favour or do you oppose hospitals providing abortion services on PEI?

FAVOUR.....	(33)...	1
OPPOSE.....		2
CERTAIN CIRCUMSTANCES ONLY....		3
NEITHER FAVOUR NOR OPPOSE....		4
DK.....		7
REF.....		8
NA.....		9

Q.16B Would you favour or would you oppose the establishment of a free standing clinic, a clinic not associated with a hospital, to provide abortion services on PEI?

FAVOUR	(34)...	1
OPPOSE.....		2
CERTAIN CIRCUMSTANCES ONLY....		4
NEITHER FAVOUR NOR OPPOSE....		3
DK.....		7
REF.....		8
NA.....		9

Q.17 Since the recent Supreme Court decision concerning abortion, some provincial governments have set policies which limit or prohibit the use of medicare dollars to pay for abortions, while others have established policies which consider an abortion a medical procedure covered by medicare...what's your opinion on this...do you favour or do you oppose the use of medicare dollars to pay for the cost of abortion procedures?

FAVOUR.....(35)...1
OPPOSE.....2
CERTAIN CIRCUMSTANCES ONLY....3
NEITHER FAVOUR NOR OPPOSE.....4
DK.....7
REF.....8
NA.....9

Q.18 Does your community need any relief or respite care services - these services would give people time off from caring for a disabled adult or child living in their household?

YES.....(36)..1
NO.....2
DK.....7
REF.....8
NA.....9

Turning to some other subjects...

Q.19 In general do you think that family violence or wife abuse, is a very serious, a somewhat serious, or not very serious problem here on Prince Edward Island?

VERY SERIOUS.....	(37)....1
SOMEWHAT SERIOUS.....	2
NOT VERY SERIOUS.....	3
DK.....	7
REF.....	8
NA.....	9

Q.19B Would you say that there is a need for more services to help victims of domestic or family violence...or are there enough services for victims of family violence?

NEED FOR MORE.....	(38)..1
ENOUGH.....	2
DK.....	7
REF.....	8
NA.....	9

Q.20 Over the past five years have you personally known any woman who has been involved in a violent family situation in which she was abused?

YES.....	(39)....1
NO.....	2
DK.....	7
REF.....	8
NA.....	9

Now, we'd like to end our survey by asking you a few questions about yourself so that we can compare the attitudes of different groups of people.

Q.21 In what year were you born?

ENTER YEAR.....(40-41) ____

REF.....98

NA.....99

Q.22 Altogether, how many years have you lived in PEI?

ENTER NO. OF YEARS (42-43) ____

REF.....98

NA.....99

Q.23 What was the highest level of school you attended...grammar/elementary, high school, community college, nursing or vocational school, university or graduate school?

ELEMENTARY.....(44-45).....11

HIGH SCHOOL:

did you graduate?

NO.....12

YES.....13

VOCATIONAL, COMMUNITY COLLEGE

OTHER NON-UNIVERSITY.....14

UNIVERSITY:

did you receive a degree?

NO.....15

YES.....16

GRADUATE SCHOOL:

did you receive a degree?

NO.....17

YES.....18

DK.....97

REF.....98

NA.....99

Q.24 Are you currently married--widowed--divorced--separated--single or what?

MARRIED.....	(46)...	1
WIDOWED.....		2
DIVORCED.....		3
SEPERATED.....		4
SINGLE.....		5
DK.....		7
REF/NA.....		9

Q.25 Altogether, how many people in your household...

a) are 12 years of age or younger?.....(47).....

REF/NA.....9

b) are between the ages of 13 and 17.....(48).....

REF/NA.....9

c) are 18 years of age or older?.....(49).....

REF/NA.....9

IF NOT A PART OF A COUPLE ASK ONLY THE APPROPRIATE QUESTION BELOW REGARDING OCCUPATION....

Q.26 (IF SPEAKING WITH A FEMALE ASK: Are you currently) Is the female head of your household currently employed--unemployed --disabled --retired--a student, a housewife or what?

EMPLOYED: Is that	employed full-time.....(50-51)...	11
	employed part-time.....	12
	self-employed.....	13
	UNEMPLOYED.....	14
	RETIRED.....	21
	DISABLED.....	27
	STUDENT.....	23
	HOUSEWIFE.....	24
	REFUSED.....	98
	N.A.....	99
	NO FEMALE HEAD.....	00

Q.27 Is the male head of your household currently employed--unemployed--disabled --retired--a student or what?

EMPLOYED: Is that	employed full-time.....(52-53)...	11
	employed part-time.....	12
	self-employed.....	13
	UNEMPLOYED.....	14
	RETIRED.....	21
	DISABLED.....	22
	STUDENT.....	23
	REFUSED.....	98
	N.A.....	99
	NOT APPROPRIATE.....	00

Q.28 What is your religion....are you ?

Protestant.(What denomination
or type of church do you
belong to?

Catholic.....(54-55)....	22
or Jewish.....	33
OTHER-SPECIFY _____	44
DK.....	97
REF.....	98
NA.....	99

Q.29 Thinking of the total income for your household in 1987, that is, all income from all sources before taxes, was your total household income in 1987...

A. more than \$15,000?

YES.....(56-57)...GO TO C

NO.....GO TO B

B. Was your total household income in 1987 more than \$10,000?

YES.....11 STOP

NO.....12 STOP

C. Was your total household income more than \$20,000?

YES.....GO TO D

NO.....13 STOP

D. Was your total household income more than \$25,000?

YES.....GO TO E

NO.....14 STOP

E. Was your total household income more than \$30,000?

YES.....16 STOP

NO.....15 STOP

DK.....97

REF.....98

NA.....99

Q.30 ENTER RESPONDENT'S SEX.....FEMALE.....(58)....1

MALE.....2

Q.31 ENTER LENGTH OF INTERVIEW.....(59-60)___

THANK AND END INTERVIEW